



## Notice of Privacy Practices of Community Medical Services

*This notice describes:*

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION
- YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH COMMUNITY MEDICAL SERVICES AT 480-977-1444 or [cmsombudsman@msgiveshope.com](mailto:cmsombudsman@msgiveshope.com), IF YOU HAVE ANY QUESTIONS.

### SUMMARY

#### Your Rights

You have the right to:

- Ask us for a copy of your treatment record
- Request corrections to your treatment record
- Request confidential communication
- Ask us to limit the information we share
- Request a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

#### Our Uses and Disclosures

We may use your information as we, for example:

- Treat you
- Run our organization
- Do research
- Comply with the law
- Respond to releases with your consent

#### Our Responsibilities

We are required to:

- Maintain the privacy and security of your health information, as required by HIPAA and 42 CFR Part 2
- Notify you promptly if a breach occurs that may have compromised the privacy or security of your health information
- Follow the duties and privacy practices described in this notice and give you a copy of it
- Not use or share your information other than as described here unless you tell us in writing we can

# NOTICE OF PRIVACY PRACTICES OF COMMUNITY MEDICAL SERVICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Community Medical Services ("CMS") is committed to protecting your privacy and understands the importance of safeguarding your health information. We are required by federal law to maintain the privacy of health information that identifies you or that could be used to identify you (known as "Protected Health Information" or "PHI"). We also are required to provide you with this Notice of Privacy Practices, which explains our legal duties and privacy practices, as well as your rights, with respect to PHI that we collect and maintain. We are required by federal law to abide by the terms of this Notice currently in effect. However, we reserve the right to change the privacy practices described in this Notice and make the new practices effective for all PHI that we maintain. Should we make such a change, you may obtain a revised Notice by calling our office and requesting a revised copy be sent in the mail or accessing our website at [communitymedicalservices.org](http://communitymedicalservices.org).

## **CONFIDENTIALITY OF DRUG AND ALCOHOL ABUSE RECORDS**

Federal law and regulations protect the confidentiality of drug and alcohol abuse records. We are required to comply with these confidentiality protections. Information identifying you as having or having had a substance use disorder may only be provided if allowed under federal regulation. Release of information without your written permission may only be allowed under limited circumstance, such as in response to a court order or to medical personnel in the event of a medical emergency, or to qualified personnel for research, audit, or program evaluation.

## **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION**

### **A. Uses and Disclosures of Protected Health Information Without Your Authorization**

Listed below are examples of the uses and disclosures that we may make of your PHI without your consent. While this list is not exhaustive, it should give you an idea of the uses and disclosures we are permitted to make.

**Within CMS:** We will use your PHI inside of our program to provide, coordinate, or manage your treatment. For example, therapists, staff members and other personnel may need to know and discuss your PHI to carry out your treatment and to evaluate your response to treatment.

**Health Care Operations:** We may use or disclose your PHI in order to support the business activities of our program. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities.

**Medical Emergencies:** We may disclose your PHI to medical personnel in a medical emergency.

**Required by the Secretary of Health and Human Services:** We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with our legal requirements to maintain the confidentiality of your PHI.

**Business Associates:** We may disclose your PHI to persons who perform functions, activities or services to us or on our behalf that require the use or disclosure of PHI. To protect your health information, we require the business associate to appropriately safeguard your information.

**Research:** Under certain circumstances, we may disclose your PHI to researchers, such as when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

**Evaluations.** We may disclose your PHI to persons who audit and evaluate our program, such as government agencies who provide us with financial assistance.

**Crimes.** We may disclose your PHI to report a crime committed by you on our premises or against our personnel or any threat to commit such a crime.

**Abuse or Neglect.** We may disclose your PHI to appropriate authorities to report suspected child abuse and/or neglect.

**Court Orders.** Under certain circumstances, we may disclose your PHI as allowed by a court order. For example, your PHI will only be disclosed based on a court order (1) after notice and an opportunity to be heard is provided to you or us; and (2) if the court order is accompanied by a subpoena or other similar legal mandate compelling disclosure before the PHI is used or disclosed.

**Deceased Patients.** We may disclose PHI about deceased patients as required by law.

#### **D. Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

**Psychotherapy and Counseling Notes:** We must obtain your written authorization for most uses and disclosures of psychotherapy and counseling notes.

**Marketing:** We must obtain your written authorization to use and disclose your PHI for most marketing purposes.

**Sale of PHI:** We must obtain your written authorization for any disclosure of your PHI which constitutes a sale of PHI.

**Proceedings Against You.** We may not use or disclose your PHI in any civil, administrative, criminal, or legislative proceedings against you unless based on specific written authorization or a court order.

**Other Uses:** Other uses and disclosures of your PHI, not described in this Notice, will be made only with your written authorization (unless otherwise permitted or required by law). You may revoke your authorization, at any time, in writing, except to the extent that we have taken action in reliance on the authorization. For example, we are required to obtain your written authorization before we can disclose information about you for payment purposes. Generally, you must also sign a written authorization before we can share information outside the program for treatment or healthcare operations purposes. You may provide a single consent for all future uses or disclosures for treatment, payment, and health care operations purposes. PHI that is disclosed to a part 2 program, HIPAA covered entity, or HIPAA business associate pursuant to your written consent for treatment, payment, and health care operations may be further disclosed by that part 2 program, covered entity, or business associate, without your written consent, to the extent permitted by HIPAA.

#### **YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU**

You have certain rights regarding your PHI, which are explained below. You may exercise these rights by submitting a request in writing to our Privacy Officer.

**A. You have the right to inspect and copy your PHI.** Under certain circumstances, you may ask us to see or get an electronic or paper copy your PHI that is contained in a designated record set (e.g., medical and billing records). We may charge you a reasonable fee.

**B. You have the right to request a restriction of your PHI.** You may ask us not to use or disclose any part of your PHI for purposes of treatment, payment or health care operations. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, except we must agree not to disclose your PHI to your health plan if the disclosure (1) is for payment or health care operations and is not otherwise required by law, and (2) relates to a health care item or service which you paid for in full out of pocket. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.

**C. You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** You have the right to request that we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to

how payment will be handled or specification of an alternative address or other method of contact.

**D. You have the right request amendment to your PHI.** You may ask us to amend your PHI in our records that is contained in a designated record set (e.g., medical and billing records) for as long as we maintain the PHI. We may deny your request, but we'll tell you why in writing.

**E. You have the right to receive an accounting of certain disclosures that we have made of your PHI.** You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right only applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must specify a time period, which may not be longer than 6 years. You may request a shorter timeframe. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**F. You have the right to obtain a paper copy of this notice from us.**

**G. You have the right to discuss this Notice with us.**

**G. You have the right to be notified if you are affected by a breach of unsecured PHI.**

**H. You have the right to opt out of receiving fundraising communications from us.** We may contact you for fundraising purposes. You have the right to opt out of receiving these communications.

## **COMPLAINTS**

If you believe that we have violated your privacy rights, you may file a complaint with us by notifying our Privacy Officer in writing at the following address:

Community Medical Services  
8444 N. 90<sup>th</sup> Street, Suite 100  
Scottsdale, AZ 85258  
Attn: Compliance Department- PRIVACY OFFICER  
480-977-1444  
cmsombudsman@cmshope.com

We will not retaliate against you in any way for filing a complaint. You may also submit your complaint to the Secretary of Health and Human Services.

This notice is effective on [12/04/2024].